Request to Prevent Disclosure of Directory Information

The items below are designated by Oakton College as "Directory Information" as defined under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. This information may be released at the College's discretion.

Under the provisions of the FERPA, you have the right to request that the College withhold disclosure of Directory Information. Disclosure means to permit access to; or the release, transfer, or other communication of; education records, or the personally identifiable information contained in those records, to any party, by any means-oral, written, or electronic. Directory Information includes:

- Student name
- College-issued email address
- Dates of Attendance
- Enrollment status (e.g., part-time, full-time)
- Class level (e.g., freshman, sophomore)
- Past of present participation in officially recognized activities and sports
- Height and weight of student athletes
- Degrees earned with dates
- Honors and awards received
- Prior educational institutions attended
- Course of study
- Hometown (defined as residency where one was born or grew up)

Consider carefully your decision to withhold Directory Information. Once you have given notice to withhold this information, it will not be released to another person, agency, organization, or school. Oakton assumes no liability for honoring your instructions regardless of the effect upon you.

To have Directory Information withheld, you must give written notice in person or by certified mail-return receipt requested and addressed to the director of registrar services at the Enrollment Center. You may give initial notice or make changes at any time. However, once you request that information be withheld, the request will remain in effect until you provide written notice of any change.

I hereby request that Oakton College withhold disclosure of all Directory Information related to my education records at the College.

Name _____   *Student ID No.*   B_____

     Last   *First*   *M.I.*

_____   _____

Signature   *Date*